
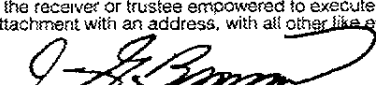


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM  
Secretary of State

|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # 272981</b><br>1. Entity Name<br>LR ALLIANCE MANUFACTURING, INC.   |  |         |   |    |  |
| Principal Place of Business<br>4730 NORTHWEST 128 ST RD<br>OPA LOCKA FL 33054   |  |         | Mailing Address<br>4730 NORTHWEST 128 ST RD<br>OPA LOCKA FL 33054   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |         | City & State  |   |  |
| Zip   |  | Country |   | 4. FEI Number <b>59-1025285</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>Not Applicable       </div>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |         |   | 6. Name and Address of Current Registered Agent<br><br>KELLEY, CHRISTOPHER P.<br>11098 BISCAYNE BLVD<br>205<br>MIAMI FL 33138   |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span>   |  |         |   | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004, Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>BRANAM, JOE H JR<br>42 STAR ISLAND<br>MIAMI BEACH FL 33139               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <b>U000000028442</b><br/> <b>02/04/04-80021-023 150.00</b> </div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>BRANAM, JEFFREY<br>42 STAR ISLAND<br>MIAMI BCH FL                        |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | CEOC<br>BRANAM, JEANNETTE<br>42 STAR ISLAND<br>MIAMI BEACH FL                  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>BRANAM, JEANNETTE<br>42 STAR ISLAND<br>MIAMI BEACH FL                   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Delete       </div> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Delete       </div> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |         |   |   |  |
| <b>SIGNATURE:</b>    |  |         | <b>1-23-04</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____   |  |         |   |   |  |